

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY
CALIFORNIA BUILDING STANDARDS COMMISSION
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Office Use Item No. _____

PARTICIPATION COMMENTS FOR THE NOTICE DATED AUGUST 24, 2012
Written comments are to be sent to the above address.

WRITTEN COMMENT DEADLINE: OCTOBER 8, 2012

Date: Oct. 4, 2012

From: **LILLY SPITZ**

Name (Print or type)

(Signature)

-- Planned Parenthood Affiliates of California

Agency, jurisdiction, chapter, company, association, individual, etc.

555 Capitol Mall, Suite 510 Sacramento, CA 95814

Street

City

State

Zip

I/We DO NOT agree with:

[xx] The Agency proposed modifications As Submitted on Section No. 1226.6.1.1 Title 24, Part 2

and request that this section or reference provision be recommended:

[] Approved [] Disapproved [] Held for Further Study [XX] Approved as Amended

Suggested Revisions to the Text of the Regulations:

Rather than mandate an 80 square foot minimum floor area, PPAC recommends adding to the current 70 square feet requirement an added requirement that a minimum of 10% of the examination or treatment rooms shall have a minimum clear floor area of 80 square feet.

In the alternative, we believe this issue requires further study.

1226.6.1.1 Examination room(s). Refer to Section 1224.4.4.1.

1224.4.4.1 Examination or treatment room. Unless specified elsewhere, if a treatment room or an exam room is provided, it shall have a minimum clear floor area of ~~80~~ 70 square feet (7.4 m2), the least dimension of which shall be 8 feet (2438mm). At a minimum, 10% of the examination or treatment rooms shall have a minimum clear floor area of 80 square feet. The room shall contain a handwashing fixture.

Reason: [The reason should be concise if the request is for “Disapproval,” “Further Study,” or “Approve As Amend” and identify at least one of the 9-point criteria (following) of Health and Safety Code §18930.]

PPAC recommends that this provision requires **further study**. The grounds for our recommendation lies with (3) The public interest requires the building standard **not be adopted**; and (4) The proposed building standard is **unreasonable, arbitrary, unfair, or capricious**, in whole or in part.

The current OSHPD 3 construction requirements were adopted more than 25 years ago. These regulations establish a 70 square foot minimum for examination rooms. Over these 25+ years, PPAC is not aware of a single complaint from a patient, family member or health care professional who has physical challenges requiring a wheel chair, regarding the inability to access our clinics’ examination or treatment rooms.

OSHPD has not provided any evidence that the current regulation is a barrier to access for wheelchair-bound individuals and that there is a need for a minimum 80 square foot space requirement. The 2011 California Access Compliance Reference Manual, which incorporates California’s Building Standards and other laws relative to accessibility compliance, specifies that medical diagnostic and treatment rooms “shall be made accessible.” [Section 1109B.6 Diagnostic and treatment areas.] There are no specific measurements included in this provision.

This new requirement, for which there appears to be no evidentiary basis, would create a significant financial burden for primary care clinics. For example, if a 3SE clinic moves into a former primary care clinic and renovates or does significant repairs in the examination rooms would be forced to expand each room by 10 square feet. In practical terms, this would mean gutting the entire clinical side of the clinic and starting from scratch. Complying with the square footage requirement will almost certainly cause primary care clinics to plan exclusively for new construction rather than attempt to move into a building in an underserved area that is desperate for primary care services.

As a consequence, we believe that this proposed new requirement undergo further study to determine whether there is, indeed, a necessity for a specific 80 square foot minimum space requirement for examination and treatment rooms in order to allow for access by physically challenged people utilizing wheelchairs.

In the alternative, and in an effort to come to a compromise solution, PPAC suggests that OSHPD consider requiring 10% of the examination and treatment rooms in a primary care clinic meet the 80 square feet requirement. This solution would respond to OSHPD’s stated concern over accessibility while, at the same time, relieving clinics of the costly burden of meeting the 80 square foot requirement for all examination and treatment rooms.

HEALTH & SAFETY CODE SECTION 18930

SECTION 18930. APPROVAL OR ADOPTION OF BUILDING STANDARDS; ANALYSIS AND CRITERIA; REVIEW CONSIDERATIONS; FACTUAL DETERMINATIONS

- (a) Any building standard adopted or proposed by state agencies shall be submitted to, and approved or adopted by, the California Building Standards Commission prior to codification. Prior to submission to the commission, building standards shall be adopted in compliance with the procedures specified in Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code. Building standards adopted by state agencies and submitted to the commission for approval shall be accompanied by an analysis written by the adopting agency or state agency that proposes the building standards which shall, to the satisfaction of the commission, justify the approval thereof in terms of the following criteria:
- (1) The proposed building standards do not conflict with, overlap, or duplicate other building standards.
 - (2) The proposed building standard is within the parameters established by enabling legislation and is not expressly within the exclusive jurisdiction of another agency.
 - (3) The public interest requires the adoption of the building standards.
 - (4) The proposed building standard is not unreasonable, arbitrary, unfair, or capricious, in whole or in part.
 - (5) The cost to the public is reasonable, based on the overall benefit to be derived from the building standards.
 - (6) The proposed building standard is not unnecessarily ambiguous or vague, in whole or in part.
 - (7) The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.
 - (A) If a national specification, published standard, or model code does not adequately address the goals of the state agency, a statement defining the inadequacy shall accompany the proposed building standard when submitted to the commission.
 - (B) If there is no national specification, published standard, or model code that is relevant to the proposed building standard, the state agency shall prepare a statement informing the commission and submit that statement with the proposed building standard.
 - (8) The format of the proposed building standards is consistent with that adopted by the commission.
 - (9) The proposed building standard, if it promotes fire and panic safety as determined by the State Fire Marshal, has the written approval of the State Fire Marshal.